



# Liability Claim Form

Date Updated \_\_\_\_\_

This form is to be completed by each applicant who has been involved in any claim or suit, or who is aware of any incident which may give rise to a claim. Please complete a separate sheet for each claim or incident, and answer all questions fully. A principal of the firm must sign and date this sheet in addition to the application.

1.	Name of firm:		
2.	Name(s) of individual(s) of firm involved in claim:		
3.	Name of claimant (plaintiff):		
4.	Date of alleged error:		
5.	Date claim made:		
6.	Name of insurer claim was reported to (if applicable):		
7.	Present status of claim:	Pending	Closed
8.	If closed, total damages paid:	\$	Total expenses paid: \$
9.	If pending,	Amount asked in summons:	\$
		Claimant's settlement demand:	\$
		Defendant's settlement offer:	\$
		Insurer's loss reserve:	\$
		Insurer's expense reserves	\$
		Loss paid to date	\$
10.	Provide detailed description of claim and events:		
11.	Allegations upon which claimant bases claim:		
12.	Explain what actions have been taken to prevent a recurrence or similar claim:		

I understand information submitted herein becomes a part of my Professional Liability Insurance Application, and is subject to the same warranty and conditions.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_